

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Office of the Attorney General		CONTACT PERSON Teri Gleason	TELEPHONE NUMBER 601-359-4279 601-927-3610	
ADDRESS P.O. Box 220		CITY Jackson	STATE MS	ZIP 39205
EMAIL Teri.gleason@ago.ms.gov	SUBMIT DATE 9/3/2020	Name or number of rule(s): Law Enforcement Officers and Fire Fighters Disability Benefits Trust Fund		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Renewal of Temporary Rule to establish eligibility requirements under the Law Enforcement Officers and Fire Fighters Disability Benefits Trust Fund for law enforcement officers, fire fighters, reserve/auxiliary law enforcement officers or volunteer fire fighters who contract COVID-19 while actively engaged in protecting the lives and property of the citizens of Mississippi.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §45-2-21

List all rules repealed, amended, or suspended by the proposed rule: Title 03 – Office of the Attorney General/Part 2 – Law Enforcement Officers and Fire Fighters Disability Benefits Trust Fund/Chapter 01 – Policies and Procedures/Rule 102 - Eligibility

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

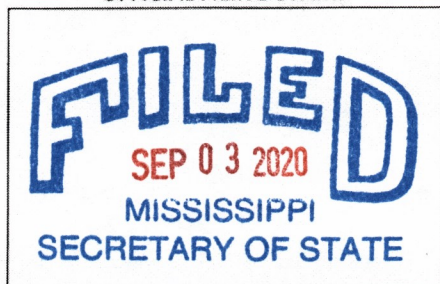
ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing <input checked="" type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input checked="" type="checkbox"/> Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Teri Gleason, Director, Bureau of Victim Assistance

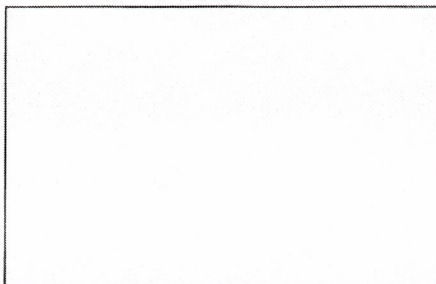
Signature of person authorized to file rules: *Teri Gleason*

OFFICIAL FILING STAMP

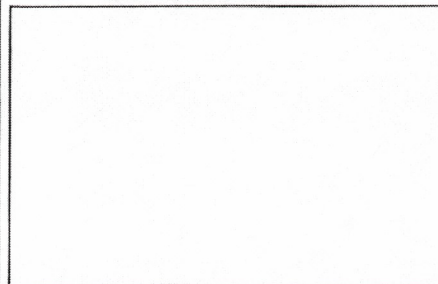
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.